



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E250604**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-01467
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION															
DATE OF COLLISION	06 - 15 - 2013	TIME (2400)	1848	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	CITY #	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>											
SR 9	BLOCK NO. <input checked="" type="checkbox"/>	2900	MILE POST										
DISTANCE		MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	SOPER HILL RD	S	<input type="checkbox"/>	W	<input type="checkbox"/>

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253677386
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LAST NAME	HALDANE	FIRST NAME	JORDAN	MIDDLE INITIAL	H
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STREET NEW ADDRESS	11721 22ND ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982589571
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	HALDAJH105CE	STATE	WA	SEX	M	D.O.B.	02 - 05 - 1990
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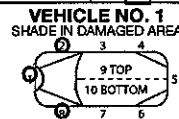
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AUJ5967	STATE	WA	VIN#	2HGED635XMH566092
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1991	MAKE	HOND	MODEL	CIV3D	STYLE	2H	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO. BRITTNEY CHARLES 8411 STATE ROUTE 92 GRANITE FALLS WA 98252											

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GIECO 4256120215
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4255306301
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LAST NAME	ADAMS	FIRST NAME	CARLY	MIDDLE INITIAL	C
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STREET NEW ADDRESS	3024 156TH PL SE
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CITY	MILL CREEK	ST	WA	ZIP	98012
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	ADAMSCC142PF	STATE	WA	SEX	F	D.O.B.	10 - 06 - 1986
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AGK1816	STATE	WA	VIN#	JHLRE4877C113568
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	HOND	MODEL	CRV5D	STYLE	SW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO. LORI ADAMS 1059 WYNDHAM WAY CAMANO ISLAND WA 98282											

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO H1645466
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	M. HINGTGEN	BADGE OR ID #	126	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E250604

CASE #

13-01487

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Veh #1 was traveling east on Soper Hill Rd approaching and stopped at the red traffic signal at SR 9. Veh #1 became disabled prior to the light changing. Driver of Veh #1 and an assisting driver began pushing to vehicle across SR 9 when the traffic signal turned green. While they were pushing Veh #1, the signal turned red. Veh #1 reached the east lane of SR 9 when Veh #2 approached traveling north. Veh #2 collided with the front bumper area of Veh #1 as it entered Veh #2's lane of travel. Veh #2 had a green light at the time of impact.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: PUSHING DISABLED VEH THRU INTERSECTION

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

06-16-13 05:20 AM

DATED

PLACE SIGNED

APPROVED BY

FRANKLIN NELSON 116

DATE

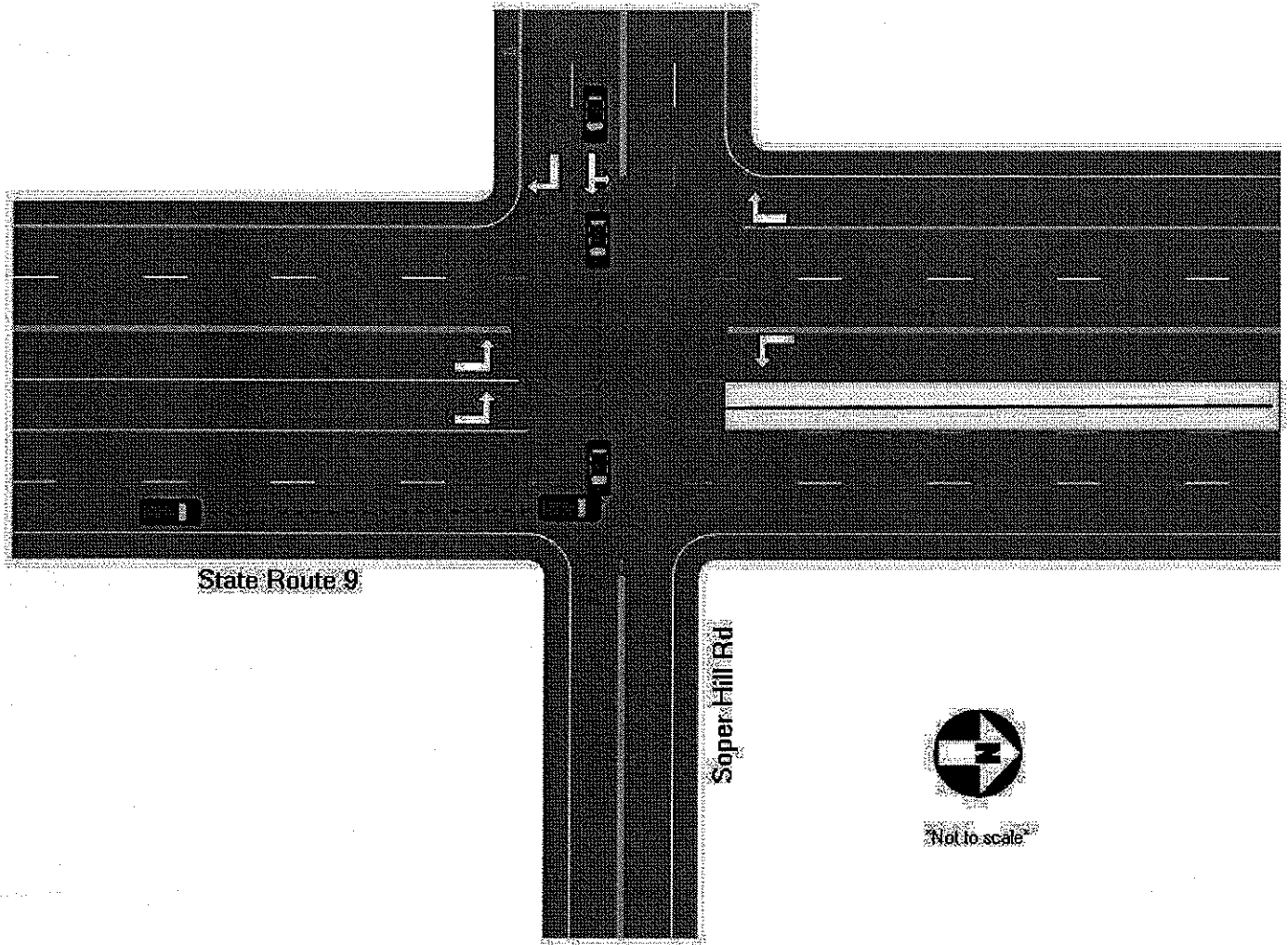
6/16/2013 5:40:48 AM

BADGE OR ID # 126

ORI # WA0311900

TIME POLICE DISPATCHED 6:50 PM

TIME POLICE ARRIVED 6:58 PM



Incident History for: #SS13013393 Xref: #SS13013394
Case Numbers: \$SS13001467
Received 06/15/13 18:48:35 BY SPCT05 SP0368
Entered 06/15/13 18:49:37 BY SPCT05 SP0368
Dispatched 06/15/13 18:50:03 BY SPDP17 SP0320
Enroute 06/15/13 18:50:03
Onscene 06/15/13 18:58:31
Closed 06/15/13 19:15:31

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-5 Group: SS1 Beat: WEST
Src: 9
Loc: SOPER HILL RD/SR 9 NE, LKS (V)
Latitude: (+) 48.021626 Longitude: (-) 122.110720

Loc Info:

Name: BRAKEFIELD, KELLY Addr: Phone: 2064093633

/1849 (SP0368) ENTRY , AC, NON INJ, NON BLKING, BLU SUV VS BLU HONDA C
IVIC
/1849 (SP0320) AGCADV , BCST
/1850 DISPER SS1942 #SS126 HINGTGEN, OFFICER (MICHAEL)
/1854 \$CROSS #SS13013394
/1854 DUP #SS13013394
/1854 DUP NAM: ADAMS, KARLI
PHO: 4255306301
/1858 (SP0112) ONSCNE SS1942
/1909 ASNCAS SS1942 \$SS13001467
/1915 CLEAR SS1942 D/H
/1915 CLOSE SS1942